

If information related to the operator's employment or mailing address changes from that provided in the application for certification, the certified operator shall provide notification to the cabinet within thirty (30) days of change.

Facility Name	KPDES/PWSID #	Effective Date

Mail to:
Division of Compliance Assistance
Certification and Licensing Branch
Operator Certification Program
300 Fair Oaks Lane
Frankfort, Kentucky 40601

